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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/070165		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2		/		/			52				
3		/		/			53				
4		3		/			54				
5		1		/			55				
6		1		/			56				
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8		1		/			58				
9		1		/			59				
10		1		/			60				
11	/		/				61				
12		/		/			62				
13		2		/			63				
14		2		/			64				
15		1		/			65				
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47							97				
48							98				
49							99				
50							100				
TOTAL IND.			3				TOTAL IND.				
TOTAL DEP.			16				TOTAL DEP.				
TOTAL CLAIMS			19				TOTAL CLAIMS				